

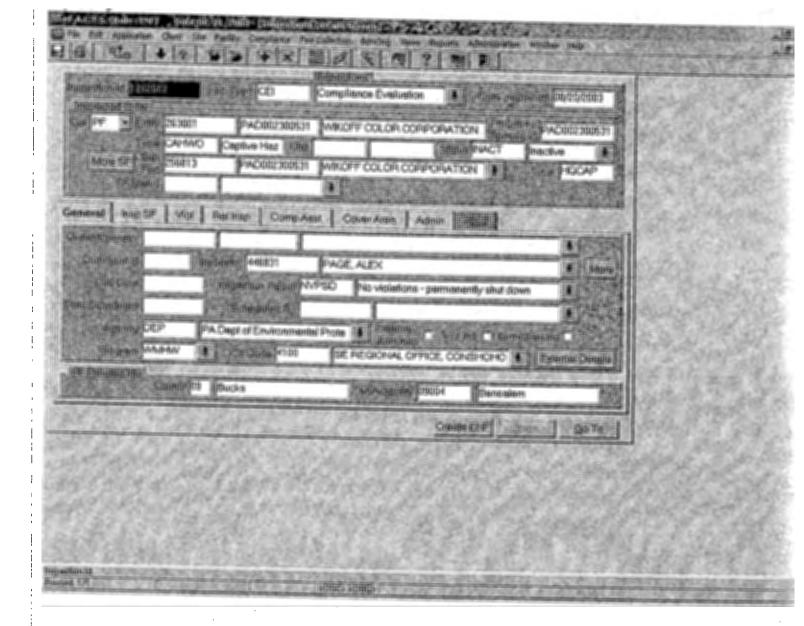
Inspection Date	8/20/	2003
4	4 4	_
Time Finish	7.30	21

HAZARDOUS WASTE	INSPECTION REPORT
GENERATOR	☒ S Q GENERATOR

Company name WIKC	off color col	<u>гр</u>	I.D. Number PA	0 <u>00230053</u>
	WINCHESTER			
County BUCKS	Municipality	BENSALEM	TWP. Zip_	19020
Name of Inspector	LEX PAGE			,
Name & Title of Responsib	le Official			
Person Interviewed		<u></u> .	Telephone (
·	t from above)			<u> </u>
Amount of Hazardous Was	te Generated per Month:			Kgs
1. Site Characterization:				
STORAGE: Cont	tainer 🔲 Tanks 🔲 Cont	ainment Bldg. 🔲 D	rip Pad Other	
PBR: Neut	ralization/WWTP	aim	Other	
GENERATOR TREAT	MENT	☐ Tanks] Containment Bldg	. Drip Pad
	Large Quantity Handler			
Universal Waste T	ypes			
3. Hazardous Waste Tra				
Transporter Name			License Number _	
Transporter Name	·	,	License Number_	
Transporter Name	- Andrews		License Number_	
. · · · · · · · · · · · · · · · · · · ·	vaste generated and destin			
Waste Code	Waste Descr	iption	Destinat	ion Facility
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	CLOSE			:
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INSPECTION REPORT COMMENTS

Date of ins	pection	8/20	/2003	en kajasarinen er kajastinija (h. h. et en jarantus kalturus killeren killeren killeren killeren killeren kill	Identi	fication	Number	PAD	00230	3531
Company/F	acility/Site	Name	WIKOF	F Co	LOR	Colf) ,		infrassion deur gran teining, rogg (ir int solety), (treps) tein tenasion	e naveze dyfold filosofie (Implemyspesymy)
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Person inte Inspector (s		gnature) <u>/</u>	Ung	Page				Date _		· · · · · · · · · · · · · · · · · · ·



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1. EPA ID I	NUMBER		P	AI	0	0	2	3	0	٥	53
2. FACILIT	YNAME WIKOST	Color	Co	P							7
3. OTIFICAT	ION DATE 5/8/01		•	4. SO	URCE	(circle	one)	: N	A (Ŝ√E	
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6.	R	RCR EGULA STAT (circle	TORY US			7.			TUS PTION cone)
GENERATOR (Current Status) 1 LQG 2 SQG 3 CESQG 4 Other	1 LQG 2 SQG 3 CESQG N Not a generator, verified Blank Unverified	R P A N	Pend Regu Num Not I	lated unde	er anothe			1 2 3 4 5 6 7* 8* 9	Sm Del Was Del On Per No haz in b Nev was ID haz Reg nun	all Quafinition ste listed w e-time iodic g longer ardous iness longer ardous exer gen ste numbe ardous gulated nber	generator generating waste, still generating waste, no s gerated haz
Inspection I				· ·	I	Revise	d No	tificat	ion		
Revised No	tification from the Facility				I	EPA C	lean	Closu	ге Се	rtifica	ite
State Docum	mentation Certifying Clean	Closure			^	Affida	vit fr	om the	e Faci	lity	
Affidavit fr	om the State	· .	•		·I	Bienni	al Re	port			
Documenta	tion not Required		•		(Other ((expla	ain be	low)		
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BAH/S6 11/8/01

1. EPA ID	NUMBER		PADOO2	3005
2. FACILIT	TYNAME WIKOSS (olor	CorP	
3. OTIFICAT	ION DATE <u>5/8/01</u>		4. SOURCE (circle one): N A (S) E
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6.	RCRA REGULATORY STATUS (circle one)	7. STATUS DESCRIPTION (circle one)
GENERATOR (Current Status) 1 LQG 2 SQG 3 CESQG 4 Other	1 LQG 2 SQG 3 CESQG Not a generator, verified Blank Unverified	R P A	RCRA Regulated Pending Regulated under another ID Number Not RCRA Regulated (closed, non-handler)	Conditionally Exe Small Quantity Ge Definitionally exe waste Delisted wastes One-time generate Periodic generator No longer generate hazardous waste, so
				No longer generat hazardous waste, in business 8* Never generated I waste 9 ID number to tranhazardous waste 10 Regulated under a number (*most commonly u
STATUS CHANGE Inspection	DETERMINED BY:		Revised No	otification
Revised No	tification from the Facility		EPA Clean	Closure Certificate
State Docu	mentation Certifying Clean	Closure	· ·	rom the Facility
Affidavit fr	om the State	٠.	Biennial Re	eport
Documenta	tion not Required		Other (expl	ain below)
				•

BAH/SG.

EPA/Ba Date to Date Entry Batch Number____ Date QA'd 11/2



Inspection Date	5/8/2
Time Start	I PM
Time Finish	1:25 P

H	IAZARDOUS WASTE	INSPE	CT	ION REPORT
X	GENERATOR		S	Q GENERATOR

Company name WII	LOFF COL	LOR	CORP.	_ I.D. Nur	nber PAD	0023005
County BUCKS		Municipal	ity BENSALEM	TWP.	_ Zip	19020
Name of Inspector	LEX PAGE					
Name & Title of Respon	sible Official					
Setzon interviewed				_ Telephoi	ne ()	
failing Address (if differ	ent from above) _					
mount of Hazardous W	aste Generated pe	er Month: _		Pounds _		Kgs
. Site Characterization	n:					
STORAGE: C	intainer 🔲 Tanl	ks 🗌 Co	ontainment Bldg. 🗌	Drip Pad	Other	
GENERATOR TREA	TMENT Cont	ainers	☐ Tanks	Contain	nent Bldg.	☐ Drip Pad
Universal Waste:	Large Quantity I	Handler	Small Quanti	ty Handler		
Universal Waste	Types					
Hazardous Waste Tr	ansporters:					
Transporter Name	·			License N	umber	
Waste Code	Wa	aste Desc	ription		estination	Facility
	001					
	01	NES	5			
	130					
	Site Address 1736 County BUCKS Name of Inspector Ame & Title of Responsers Interviewed Amount of Hazardous W. Site Characterization STORAGE: Compared Person Interviewed Mailing Address (if differ amount of Hazardous W. Site Characterization STORAGE: Compared Person New GENERATOR TREAT Universal Waste: Universal Waste: Transporter Name	Site Address 1736 WINCHE County BUCKS Name of Inspector ALEX PAGE Name & Title of Responsible Official Person Interviewed Mailing Address (if different from above) Mount of Hazardous Waste Generated point of Hazardous Waste Generated	County BUCK5 Municipal Name of Inspector ALEX PAGE Name & Title of Responsible Official Person Interviewed Mailing Address (if different from above) Mount of Hazardous Waste Generated per Month: Site Characterization: STORAGE: Container Tanks Co PBR: Neutralization/WWTP Re GENERATOR TREATMENT Containers Universal Waste: Large Quantity Handler Universal Waste Types Hazardous Waste Transporters: Transporter Name Transporter Name Transporter Name Transporter Name Types of hazardous waste generated and desti	Site Address	Site Address 1736 WINCHESTER RD County BUCKS Municipality BENSALEM TWP. Name of Inspector ALEX PAGE Name & Title of Responsible Official Telephon Mailing Address (if different from above) Amount of Hazardous Waste Generated per Month: Pounds Site Characterization: STORAGE: Container Tanks Containment Bldg Drip Pad PBR: Neutralization/WWTP Reclaim GENERATOR TREATMENT Containers Tanks Contain Universal Waste: Large Quantity Handler Small Quantity Handler Universal Waste Transporters: Transporter Name License No Transporter Name License No Types of hazardous waste generated and destination facility (location & type) Waste Code Waste Description	Name of Inspector ALEX PAGE Name & Title of Responsible Official

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS**

Site Name WIKOFF COLOR CORP ID Number PAD 00 2300531 Date 5/8/2001

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

1	2	3		REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LIN NO
				Hazardous waste determination performed on all waste streams	262a.10	262.11	HO
				Identification Number	262a.10	262.12	Hod
				Authorized transporters only	262a.10	262.12(c)	Hod
				Subsequent notification requirements met	262a.12(b)		Hoc
\perp				Proper manifest used	262a.10	262.21	HOC
				Manifests filled out correctly and completely	262a.20		Нос
			\perp	Manifests signed and routed properly	262a.23(a)	262.23	Hoc
				Generator waste a cumulated on site for 90 days or less	262a.10	262.34(a)	HOO
				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies 270 days	262a.10	262.34(e)(f)	H00
				SQG waste accumulated on site never exceeds 6000 kg	262a.10	262.34(e)(f)	H01
I				Satellite accumulation requirements complied with	262a.10	262.34(c)	H01
				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H01
				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H01
			T:	Specified records retained for three years	262a.10	262.40(c)	H01
				Biennial reports submitted to the Department (LQG only)	262a.41	252.41	H01
	T		E	Exception reporting procedures followed	262a.42	252.42	H01
			1	Spill reporting procedures followed	262a.10	262.34(d)	H01
	Г	Τ	F	PPC plan developed and implemented	262a.10	262.34(a)	H01
			8	Special requirements followed for international shipments		262.50 252.60	H01!
				Source reduction strategy prepared and available (LQG nly)	262a.100		H020
			E	xcluded waste complies with exclusionary requirements	261a.4	261.4	H02
-							
+	-	-					
T	7	7					

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS **FACILITY SPECIFICS**

Site Name WIKOFF COLOR CORP. ID Number PAD 002 300 53 | Date 5

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined

4 - Non Compliance

1	. 2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LIN NC
	L			CONTAINERS (Subchapter I)			
L				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
				Containers of hazardous waste in good condition	265a.1	265.171	H026
				Containers and stored waste compatible	265a.1	265.172	H027
				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
				Containers managed to prevent leaks	265a.1	265.173(b)	H029
				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173	-	H030
				Container stdrage areas inspected at least weekly	265a.1	265.174	H031
				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
\top		T	\top	Proper containment and collection systems in place	265a.179		H033
T	T	T	1.	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
	T			Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
	T	T	To	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
Ţ	T	T	1	Containers labeled accurately identify contents	SWMA	,	H037
					6018.403(b)		
					(2)		

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS **FACILITY SPECIFICS**

Site Name VIKOFF COLOR CORP. ID Number PAD 00230053 | Date

1 - No Violation Observed

2 - Not Applicable 3 - Not Determined

4 - Non Compliance

_1	_2	3	4 REQUIREMENT	PA CIT. 25 PA COD	FED CIT. E 40 CFR	LIN
	L	L	LQG TANKS (Subchapter J)			
	Ŀ	L	Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	HO
			Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	HO
			Secondary containment provided for tanks (systems) as required	265a.193	265.193	H04
			Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H04
			Tanks labeled to accurately identify contents	265a.194		H04
			Required inspections completed and documented in operating log	265a.195	265.195	H04
			Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H04
			Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H04
+	+	+	Special small quantity generator requirements	265a.1	265.201	H04
		I				
			Waste contents compatible with tank	265a.1	265.201(b)(2)	H05
			Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H05
			If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H05
			Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H05
			Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H05
			All waste removed at closure	265a.1	265.201(d)	H05
			Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H05
			Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
			Incompatible waste requirements met	265a.1	265.201(f)	H059
\sqcup				<u> </u>		

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS**

Site Name WIKOFF COLUR CORP. ID Number PAD 002300531 Date 5/8

1 - No Violation Observed

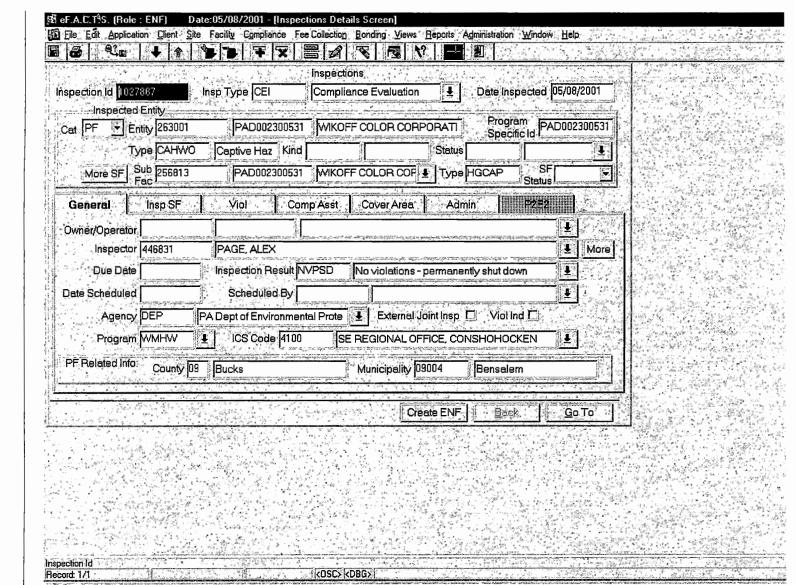
2 - Not Applicable 3 - Not Determined

4 - Non Compliance

	1	2	3	4 REQUIREMENT	PA CIT. 25 PA CODE	FED CIT.	LII N(
				Containment Buildings (Subchapter T)			T
. [Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	Ho
				Meets special requirements if liquids present	265a.1	265.1101(b)	HO
				Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1) (i)	H06
				Level of hazardous waste within unit is below containment walls	t 265a.1	265.1101(c)(1) (ii)	HO€
				Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1) (iii)	H0€
				No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1) (iv)	H0€
				Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H06
				Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
	L	\perp	\perp				<u> </u>
		\perp	\perp	Drip Pads (Subchapter S)			<u> </u>
		L		Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H06:
				Drip pad meets 265.443 design & operating standards	265a.1	265.443	H07(
				(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H07 ⁻
				(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1 2	265.443(b)	H072
				Drip pads & collection system maintained to prevent deterioration	265a.1 2	265.443(c)	H073
				Orip pads & collection systems designed to prevent run-off	265a.1 2	65.443(d)	H074
				Run-on/run-off control system maintained unless pad protected by a structure	265a.1 2	65.443(e)	H075
			. 1	Release reporting requirements met	265a.1 2	65.443(m)	H076
				Orip pads inspected weekly and after storms when in peration	265a.1 20	65.444(b)	H077

INSPECTION REPORT COMMENTS

Date of Inspection $\frac{5/8/2\infty1}{}$	Identification Numbe	PAD 00230053 1
Company/Facility/Site Name WIKOFF	•	1.
INSPECTION CONDUCTED		GE. WIKOFF
	•	36 WINCHESTER
RP. SITE. THE HAVE	E BEEN OUT	OF BUSINESS
FOR AT LEAST 15	YEARS STA	TED A WORKER
AT HEISTAND CONTRACTO	ORS CURREN	ITLY OCCUPYNG
		C ROOFING
AND SHEET METAL CO		
THE THE THE THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		
	James Heis	tand ina
	Roofing & Sheet Metal	<u> </u>
		-
(915) 639-5800 x 25 17	36 Winchester Road
,		Bensalem, PA 19020
		·
This inspection report is notice of the findings of an report is formal notification of any violations observed dur concerning either violations noted herein, or other violations noted herein, or other violations noted herein, or other violations are constituted an order or other as the deemed to grant or imply immunity from legal action for Signature by the person interviewed does not necessacknowledge that the person was shown the report or the	ing the inspection. Additional noting the inspection. Additional noting lations identified as a result of appealable action of the Department of any violation noted herein. The essarily imply concurrence with the concu	fication of violations may be issued review of laboratory analyses or nt. Nothing contained herein shall ne findings on this report, but does
Person interviewed (signature)		Date
Inspector (signature)	· · · · · · · · · · · · · · · · · · ·	
	<i>:</i>	Page 6 of 8



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V. OWNERSHIP		A. NAME OF INSTA	LLATION'S L	EGAL OWN	ER					1 - 3 16
8wiko F	F (010	R CORP.								
B. TYPE OF C (enter the appropria	OWNERSHIP ite letter into box)	VI. TYPE OF HAZ	ARDOUS WA	STE ACTI	VITY (en	ter "X" i	in the ap	propriate	box(es)	
F = FEDERAL M = NON-FED		A. GENER	ATION	o s e	-38			(complete	item VII	r)
VII. MODE OF TI	RANSPORTATIO	N (transporters only		·	60					
A. AIR	B. RAIL	C. HIGHWAY					**************************************		THE PROPERTY OF	
		OTIFICATION)								
If this is not your firs	ropriate box to indi- st notification, enter	cate whether this is your your Installation's EPA	installation's i I.D. Number i	n the space p	orovided bei	ow.	te activity	or a subsec	quent no	urication.
							C. INST	ALLATIO	Y'S EPA	I.D. NO.
A. FIRST	NOTIFICATION	B. SUBSEQU	ENT NOTIFIC	ATION (com	aplete item	CY				
IX. DESCRIPTION		US WASTES	Marian formation	新华 斯坦	直接對於				湯湖里	
FPA Form 8700-12		provide the requested in	romation.					CONTIN	UF ON F	REVERSE

EPA		. env i ronmental pi TION OF HAZAR				IONS: If you received	
INSTALLA- TION'S EPA I.D. NO.		RECEIVE			information through it in the appro	it in the space at left. on the label is incorrect and supply the correct opriate section below. I	t, draw a line information f the label is
l. STALLATION		PA SECTION				nd correct, leave Items in t. If you did not receive	, ,
INSTALLA- TION II. MAILING	DI E	ase Puace 1986	; } 	D. C.	single site v	lete all items, "Installati where hazardous waste	is generated,
ADDRESS	PLEA	ASEMMACE LABB	L IN THIS S	PACE	porter's prin	red and/or disposed of, ncipal place of business, FRUCTIONS FOR FILI	Please refer
LOCATION III OF INSTAL- LATION	**************************************	EPA, R3	- Theory		CATION b	before completing this requested herein is req 10 of the Resource Cons	form. The uired by law
FOR OFFICIAL	USE ONLY						
			OMMENTS				
C 15 16						55	
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I. NAME OF INS	1						
WIKOFF	C 0 1 0 R	CORP.				57	
II. INSTALLATI	ON MAILING AI	STREET OR P.O. BOX					
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III. LOCATION	OF INSTALLATI	A CONTRACTOR OF STATE					
5	STRE	EET OR ROUTE NUMB			45		_
	CITY	Y OR TOWN		ST. ZI	PCODE		
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IV. INSTALLAT					T BUON	E NO. (area code & no.)	
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V. OWNERSHIP					45 46 - 46	49 - 51 52	55
4		A. NAME OF INSTA	LLATION'S LEG	SAL OWNER			
8 W K O F	F (010	R CORP.				55,	
B. TYPE OF (enter the appropri	OWNERSHIP ate letter into box)	57				the appropriate box(e	- AMERICAN STREET
F = FEDERAL M = NON—FE		A. GENER	ration -/store/dispos	58	. 7	ATION (complete item)	V11)
VII MODE OF T				41	hox/asil		
THE MODE OF T	RANSPORTATIO	ON (transporters only	- enter "X" ir	the appropriate	DOX[ES]]		
A. AIR	RANSPORTATIO	ON (transporters only	- enter "X" ir		R (specify):		villa Tilbar
OIII. FIRST OR	B. RAIL	C. HIGHWAY	D. WATER	R E. OTHE	R (specify):	activity or a subsequent	notification
VIII. FIRST OR S	B. RAIL SUBSEQUENT Not propriete box to indi	C. HIGHWAY	D. WATER	E. OTHE	R (specify):	activity or a subsequent	notification.
VIII. FIRST OR S	B. RAIL SUBSEQUENT Not propriete box to indi	OTIFICATION	D. WATER	E. OTHE	R (specify):	activity or a subsequent	
VIII. FIRST OR SMark "X" in the applif this is not your first	B. RAIL SUBSEQUENT Not propriete box to indi	OTIFICATION Cate whether this is your ryour Installation's EPA	r installation's firs	E. OTHE	R (specify): zardous waste below.		
VIII. FIRST OR SMark "X" in the applif this is not your firm. X A. FIRST	SUBSEQUENT Not propriete box to indirect notification, enter notification.	OTIFICATION Cate whether this is your ryour Installation's EPA	r installation's first I.D. Number in	e E. OTHE t notification of ha the space provided	R (specify): zardous waste below.		

		W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
IX. DESCRIPTION OF HAZARDOUS WASTE	S (continued from fi	ront)						
A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Fart 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.								
1 2 2 25 - 26 7 8	3 23 26 9	23 - 26	23 - 26					
23 - 26 23 - 26	23 - 26	23 - 26 23 -	26 23 - 26					
B. HAZARDOUS WASTES FROM SPECIFIC SOURCE specific industrial sources your installation handles.	CES. Enter the four—di Use additional sheets	git number from 40 CFR Part 261.3 f necessary.	2 for each listed hazardous waste from					
13 14 K 0 8 6 23 - 26	15	16 17 17 12 23 23 23 23 23 23 23 23 23 23 23 23 23	20 23 26					
19 20 23 - 26 25 26 26	21	22 23 - 26 28 29	26 23 - 26					
23 - 26 23 - 26	23 - 26	23 - 26 23 -	26 23 - 26					
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.								
31 23 - 26 37 38 23 - 26 43 23 - 26 23 - 26 23 - 26	33 23 - 26 39 23 - 26 45 23 - 26	34 35 23 - 26 23 - 40 41 23 - 26 23 - 46 47	26 23 - 26 42 26 23 - 26					
D. LISTED INFECTIOUS WASTES. Enter the four—hospitals, medical and research laboratories your in			rdous waste from hospitals, veterinary					
23 - 26 23 - 26	23 - 26	52 53	26 23 - 26					
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)								
X1. IGNITABLE DOS	2. CORROSIVE 2)	D003)	4. TOXIC (D000)					
X. CERTIFICATION		<u> </u>						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
Saul Weir		dlein Dir Ru	P 1) 7-2-86					
EDA E OZOG 40 (O OO) PEUEBOE								

EPA Form 8700-12 (6-80) REVERSE

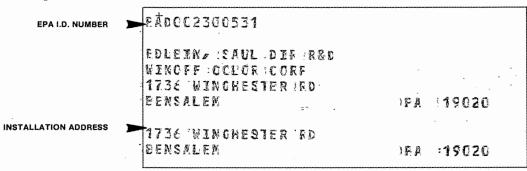
I.D. - FOR OFFICIAL USE ONLY



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)



P.O. Box 451 Bensalem, PA 19020

Enviornmental Protection Agency 841 Chestnut Bldg. Philadelphia, Pa. 19107

Attn: Wast management branch Penna. section